

A GUIDE TO COMPLETING THE ESA 50

The **ESA50 form** is part of the **Work Capability Assessment**, to decide whether capacity for work is limited enough to qualify for Employment and Support Allowance (ESA). It does not include everything used to score points on the test. This guide aims to assist you by including the whole test alongside the form's questions. The questions all bear *some* resemblance to the descriptors but don't reflect them exactly. You need, then, to consider what the test REALLY is for each section and to try to frame your answers to address that as well as the simplified and misleading versions on the forms. This is especially important as wrong decisions on whether people have limited capability for work and entitlement to ESA are regularly made and if the form shows how you meet the test this may assist you should you need to appeal. *If you have a support worker/social worker/nurse etc, see if they will help you with the form.*

You will be sent the form to complete, alternatively you can complete the PDF form available on <https://www.gov.uk/government/publications/capability-for-work-questionnaire>. Print out a copy and return it in the envelope enclosed with the copy of the form you have been sent by the date given in the accompanying letter.

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NB: This publication was correct at the time of printing, but benefits law frequently changes so this guide should be used in conjunction with independent benefits advice.



Capability for work questionnaire

jobcentreplus

Department for
Work and Pensions

This form is also available in Welsh, Braille, large print, audio cassette or CD. If you want any of these, please call Jobcentre Plus on **0345 608 8545** and tell us which you need.

What you need to do

- Answer all the questions on this form using black ink and CAPITAL LETTERS, or download the form to your computer from www.gov.uk/employment-support-allowance and fill it in. Please read the questions carefully and make sure you give full answers.
- Send **copies** of any medical or other information **you already have**, that tells us how your health conditions, illnesses or disabilities affect how you can do things on a daily basis. We tell you which types of information we find helpful on **Page 4** of this form.

We don't need you to get any new or specially prepared information and we can't refund any costs involved if you do get this.
- We might ask your own healthcare professionals for information about you, but we don't always do this, so it's important that you send anything **you already have**.
- Send your form with any other information we said we would find helpful on **Page 4**, to the Health Assessment Advisory Service not Jobcentre Plus in the enclosed envelope. It doesn't need a stamp. **Remember, you must do this by the date we told you in the enclosed letter.**

If you need help filling in the form, you can

- ask a friend, relative, carer or representative such as a support worker to help you.
- call Jobcentre Plus on **0345 608 8545** and we will talk you through the questions over the phone.
- in some cases we can write **your answers** on the form for you. If we do this, we will send you the form to check, sign and date. **You** must then send it to the Health Assessment Advisory Service in the enclosed envelope. **Remember, you must return it by the date we told you in the enclosed letter.**

If you don't fill in and return the form to the Health Assessment Advisory Service by the date we told you in the enclosed letter

We may stop the payments you already get, and we will not start paying you Employment and Support Allowance or give you National Insurance credits.

This form is your signed statement of how your health affects you and the activities you have problems with, it is important as you are completing this form because you do not currently feel well enough to either return to work or look for work. Get help if you find the questions confusing or don't understand something on the form.

The Work Capability Assessment (WCA) is divided into two parts, the first part determines whether you have limited capability for work or can be treated as having limited capability for work and therefore entitled to ESA. The second part determines whether you also have or can be treated as having limited capability for work related activity and should be placed in the support group of ESA. This is important if your health means that you are currently not capable of preparing for work or attending the work related activity the DWP has available in your area.

The first part of the WCA is divided into physical descriptors—you cannot manage the activities due to a 'specific bodily disease or disablement' and mental, cognitive and intellectual function descriptors— you cannot manage the activities due to a 'specific mental illness or disablement'. To ensure you are assessed fairly, if your mental health has caused physical symptoms, e.g. irritable bowel syndrome or your physical health affected your mental health causing stress or depression— explain this on the form and make sure your GP is aware and this is explained at any face-to-face assessment.

About you

Please fill in this form with **BLACK INK** and in **CAPITALS**.

Surname

Other names

Title

Address

Date of birth

Letters Numbers

Letter

National Insurance (NI) number

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Are you pregnant?

No

Yes When is your baby due?

If you are returning this form late

If you don't fill in and return the form to the Health Assessment Advisory Service by the date we told you in the enclosed letter

We may stop the payments you already get, and we will not start paying you Employment and Support Allowance or give you National Insurance credits.

Are you returning this form later than the date we told you in the enclosed letter

No

Yes If you are returning the form later than the date we told you in the enclosed letter, please tell us why:

It is very important to complete and return this form by the date shown on the letter. You will be sent a reminder if you do not return the form, but if you still do not return the form within a week of receiving the reminder, you could be treated as not having limited capability for work and not entitled to payment of ESA or limited capability for work credits unless you can show good cause for not returning the form in time. The DWP should consider all the circumstances to decide whether you have good cause, including whether you were outside the country, your state of health and nature of your disability.

The DWP's policy is **NOT** to stop your claim if they are aware that you have mental health or cognitive problems and instead will refer you for a face-to-face assessment. However even if this does apply to you, our advice is to still get help and complete the form—this is your opportunity to explain how your health affects you and why you meet the test. A well completed ESA50, especially if you can provide additional supportive evidence, could result in you being found to have limited capability for work (i.e. sick) without needing to attend a face-to-face assessment.

About your GP or doctor's surgery

Please tell us about your GP. If you don't know your GP's name, tell us the name of your doctor's surgery. Sometimes we will need to contact them to ask for medical or other information that tells us how your health conditions, illnesses or disabilities affect your ability to do things on a daily basis. We don't always have to do this, so it's important that you send us anything you already have.

What is your GP's name or the name of your doctor's surgery?

If you see more than one GP, put the one who best understands your problems, who you have found the most sympathetic, or who you feel most comfortable with.

Their address including postcode

Their phone number

Code

Number

About other professionals or carers who know the most about your health conditions, illnesses or disabilities

Please give us details of the healthcare professional who knows the **most** about your health conditions, illnesses or disabilities and the impact they have on your ability to do things on a daily basis when you are most unwell. Sometimes we will need to contact them to ask for medical or other information that tells us how your health condition, illness or disability affects your ability to do things on a daily basis. We don't always have to do this, so it's important that you send us anything you already have.

For example:

- consultant or specialist doctor
- psychiatrist
- specialist nurse, such as Community Psychiatric Nurse
- physiotherapist
- occupational therapist
- social worker
- support worker or personal assistant
- carer.

Their name

Job title

Their address including postcode

Include details of anyone who knows how your health problems affect you, they could be support worker, home care worker, speech therapist etc. Include more than one person if relevant.

You don't need permission to include their details but it's a good idea to let them know in case they are asked for information.

Their phone number

Code

Number

Don't feel obliged to include details of any professionals that you do not want to be contacted — this is your claim and you are best placed to provide the details of which professional knows the most about how your health affects you.

If you have evidence that shows how you meet the test include copies with the form. If you are unsure whether to include a piece of evidence - seek advice, not everything is always helpful.

About medical or other information you may already have

✓ Things we'd like to see, if you already have them –

Reports, care or treatment plans about you from:

- GPs
- hospital doctors
- specialist nurses
- community psychiatric nurses
- occupational therapists
- physiotherapists
- social workers
- support workers
- learning disability support teams
- counsellors or carers.

Medical test **results** including:

- scans
- audiology
- the results of x-rays, but not the x-rays themselves.

Things like

- your current prescription list
- your statement of special educational needs
- epilepsy seizure diary
- your certificate of visual impairment.

Remember – only send us copies of information **you already have**. Don't ask or pay for new information.

✗ Things we don't need to see –

- Appointment letters.
- General information about your medical conditions that are not about you personally.
- Photographs.
- Letters about other benefits.

- Fact sheets about your medication.
- Internet printouts.
- Medical statements, otherwise known as fit notes, medical certificates, doctor's statements or sick notes.

About your health conditions, illnesses or disabilities

We will ask you specific questions about how your health conditions, illnesses or disabilities affect your ability to do things on a daily basis in the rest of this form.

Cancer treatment

If your **only** health problem is the way your cancer treatment is affecting you, you may not have to answer all the questions on this form.

Do you have cancer?

No Go to **Your other health conditions, illnesses and disabilities** on the next page.

Yes Answer the next question.

Are you having, waiting for or recovering from chemotherapy or radiotherapy treatment for cancer?

No Go to **Your other health conditions, illnesses and disabilities** on the next page.

Yes You don't have to fill in the rest of this form if you don't want to. Sign **page 18** and make sure that **page 20** is filled in by a healthcare professional. This may include a GP, hospital doctor or clinical nurse who is aware of your condition.

This includes ALL kinds of chemotherapy or radiotherapy. It is very important to tick yes and give details if you will have it within the **NEXT 6 MONTHS** or if it has finished and you are still recovering - if in doubt tick yes and explain.

Because you will be treated as having capability for work and/or limited capability for work related activity given your condition and treatment it is better **NOT** to complete the rest of the form—just remember to get page 20 completed.

If you have other health problems, as well as cancer and the problems resulting from your cancer treatment, please fill in the rest of the form.

About your other health conditions, illnesses or disabilities continued

Your other health conditions, illnesses and disabilities

Please tell us

- what your health conditions, illnesses or disabilities are
- how they affect you, and
- when they started
- if you think any of your conditions are linked to drugs or alcohol.

If your conditions vary over time, tell us how.

Please also tell us about

- any aids you use, such as a wheelchair or hearing aid
- anything else you think we should know about your health conditions, illnesses or disabilities.

If you need more space, please use page 17 or a separate sheet of paper.

IF THERE'S NOT ENOUGH ROOM IN ANY BOX, WRITE OUTSIDE IT OR ADD AN EXTRA PAGE : write your name & National Insurance number on extra pages.

The questions throughout the form ask if you 'can' - yes box or 'cannot' do a task - no box. 'Cannot' doesn't mean it is impossible - it means it is too difficult, or too painful for you to do it reliably and repeatedly. 'It varies' does not really answer the test - they are interested in how you are **"MOST OF THE TIME"** so avoid ticking it varies. The decision maker may only have time to read ticks, so do tick 'No' if that is true most of the time. You can explain in the box that you have better days when you 'Can' but make sure you stress what is the norm.

Although this page asks you to explain how your health affects you, the rest of the form gives you room to give more detail further on so you can be brief here. But do mention all your health problems/conditions and try to put an approximate date for when they started (year and approximate month/season is enough), this is all the information that is needed in this box.

Also use this page to give details of specific circumstances that mean you can be treated as having limited capability for work, but are not asked for details anywhere else on this form:

- Have been in contact with an infectious disease and given official notice not to work.
- Suffering from a life threatening uncontrolled disease.
- Pregnant and 6 weeks before your baby is born, or up to 2 weeks after birth.
- Pregnant and there would be a serious risk to your or the baby's health if you were found capable of work.
- Are terminally ill (this means death could be possible within 6 months).

There are other treatments and situations such as certain types of radiotherapy, plasmapheresis or haemodialysis - put all the details down and get advice as you may be treated as having limited capability for work without having to score points on the test.

Explain if there would be a serious risk to your mental or physical health, or that of others, if you were found capable of work; if you had to cope with signing on for JSA or had to do a job. E.g. :

- If you are attending a twelve step treatment programme for substance misuse and could not follow the programme if you were working (which could cause a relapse and damage your health or the well-being of family members).

Also use this space to explain if you are claiming income-related ESA, in full time education (but not a qualifying young person for CB) and in receipt of DLA or PIP as you should be treated as a disabled student and should be placed in the work related activity component. You should also get advice.

About your medication

Please tell us about any tablets or other medication you are taking and any side effects you have. Also tell us about any tablets or other medication you **will** be taking.

If you need more space, please use **page 17** or a separate sheet of paper.

Put everything down, whether prescribed or not, even if you regularly buy it yourself - such as painkillers.

If you have side effects from any medication mention it here.

Also explain if you have stopped taking any medication because it did not work or it made you worse. This is important as your problems may be dismissed if you are not taking the expected medication if you do not explain the reasons for this, e.g: unable to take anti-depressants as it affected epilepsy medication.

About other treatment

Hospital, clinic or special treatment like dialysis or rehabilitation treatment

Use this section to tell us about any hospital, clinic or other special treatment, like dialysis or rehabilitation treatment, you are having or expect to have in the near future.

Tell us about all your hospital, clinic or special treatment here.

Tell us

- what the treatment is
- where you go to get the treatment
- how often you go for the treatment.

If you are expecting to have treatment in the near future, tell us what the treatment will be and when it's due to start.

If you need more space, use the space on **page 17** or a separate sheet of paper.

It is important to explain here if you are a hospital inpatient for more than 24 hours or recovering from treatment as a hospital inpatient as this means you should be treated as having limited capability for work.

If you are waiting for treatment say when you expect to have it. Give a rough date if you don't know for sure. If treatment has recently finished, say when it finished and what it was. If you are attending more than one clinic or hospital, put them all down, including attending asthma clinic, CDAT, attending hospital for regular blood tests etc, all these details will help you explain how serious your condition may be.

Are you having or waiting for any treatment which needs you to stay somewhere overnight or longer?

No Go to **Part 1** on the next page.

Yes

Are you in, or due to start, a residential rehabilitation scheme?

No Go to **Part 1** on the next page.

Yes Tell us the name of the organisation running your scheme, when your treatment began, or is due to begin, and when you expect it to end.

It is important to give details of any residential rehabilitation programme for drug or alcohol dependency as this will mean you are treated as having limited capability for work. Do not avoid providing these details worrying about any stigma or it affecting your entitlement—the opposite is actually the case.

How your conditions affect you

Part 1 is about physical health problems. Wait until **Part 2** to tell us about mental health, cognitive and intellectual problems. By *cognitive* we mean problems you may have with thinking, learning, understanding or remembering things.

Part 1: Physical capabilities

To answer **Yes** to any of the following questions, you must be able to do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

1. Moving around and using steps

By *moving* we mean including the use of aids you usually use such as a manual wheelchair, crutches or a walking stick but without the help of another person.

Please tick this box if you can move around and use steps without difficulty.

Now go to **question 2** on the next page.

How far can you move safely and repeatedly on level ground without needing to stop?

For example, because of tiredness, pain, breathlessness or lack of balance.

50 metres – this is about the length of 5 double-decker buses, or twice the length of an average public swimming pool.

100 metres – this is about the length of a football pitch.

200 metres or more

It varies

Use this space to tell us how far you can move and why you might have to stop. If it varies, tell us how.

Tell us if you usually use a walking stick, crutches, a wheelchair or anything else to help you, and tell us how it affects the way you move around.

Most people are bad at estimating distances—can you really picture 5 double-decker buses (which are between 9.5 and 12 metres), football pitches must be between 90 and 120 metres long—when did you last play football? Think about the distance before significant (not severe) discomfort arises, not the distance you may push yourself to go. You might be able to walk 200 hundred metres but if significant discomfort starts at 25 metres, then that's how far you can walk **without** significant discomfort. The form does not ask you whether you can repeat the distance within a reasonable time - but this is the test so explain how long you need to rest before attempting it again. Think about whether you could manage the distance several times over the course of a working day. **Remember** 'mobilise' is not only walking but how far you could manage in a manual wheelchair if it was reasonable for you to use one, so explain any breathing/heart problems, limited movement in upper limbs, pain in hands etc, not just your walking problems.

Going up or down two steps

Can you go up or down two steps without help from another person, if there is a rail to hold on to?

No

Yes – now go to **question 2** on the next page.

It varies

Use this space to tell us more about using steps. If it varies, tell us how.

Can you do this safely, reliably and repeatedly without undue pain? If you have tried and had problems give examples here. Mention any difficulties like pain, dizziness, breathlessness, numbness in feet and legs etc.

At the medical you will be asked how you got to Grove House, so explain your journey and any problems or help you had. Did you get dropped off directly outside while your friend went to park the car? Did you have to stop due to pain walking from the bus stop? If so, how many times?

Actual TEST for 1: Mobilising:

Unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid is normally or could reasonable be worn or used, Cannot:

- a. i. mobilise more than 50 metres - on the level - without stopping to avoid significant discomfort or exhaustion **15***
- ii. repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion **15***
- b. Cannot mount or descend two steps with handrail unaided by another **9**
- c. as for a) but 100 metres **9**
- d. as for a) but 200 metres **6**

(* = support group descriptor)

Important Note:

The form says aids 'you usually use' **BUT** the legal test is whether a walking aid, including a manual wheelchair, could reasonably be used.

Part 1: Physical capabilities continued

2. Standing and sitting

Please tick this box if you can stand and sit without difficulty.

Can you move from one seat to another right next to it without help from someone else?

While you are standing or sitting (or a combination of the two) how long can you stay in one place and be pain free without the help of another person?

This does not mean standing completely still. It includes being able to change position.

Use this space to tell us more about standing and sitting and why this might be difficult for you.

Tell us how long you can sit for and how long you can stand for. Tell us what might make it difficult for you. If it varies, tell us how.

Now go to **question 3** below

- No
 Yes
 It varies

- Less than 30 minutes.
 30 minutes to one hour.
 More than one hour.
 It varies.

Actual TEST for 2: Standing and sitting:

Cannot:

- a. Move from one seat to another alongside without physical help from another person **15***
- b. For the majority of the time remain at a work station for the majority of the time, either standing (even if free to move around) or sitting (even in adjustable chair) or a combination of the 2 - for more than 30 minutes before having to move away to avoid significant discomfort/exhaustion **9**
- c. As b - for more than an hour **6**

Explain why moving between seats is difficult. Have you fallen or got stuck trying to move? Do you seize up after sitting for short periods, so you usually need help to move? Are you in pain? Where? Remember, not having help available doesn't alter the fact that you NEED help. This can be important for wheelchair users who, whilst mobile in the wheelchair, need help transferring.

The actual test is whether you could stay at a 'work station', like a desk or a check-out till, without needing to have a break and move away. This includes *alternating* between sitting and standing, you are still at the workstation if you stand up for a stretch. Having problems just sitting or just standing is not enough to score points for this activity. Explain whether you can only relieve the pain by walking around or lying down. Be careful ticking the boxes—the legal test is if cannot remain for more than an hour - the form asks if you can stay in one place for more than one hour—ticking this is like saying this activity is NOT a problem for you.

3. Reaching

Please tick this box if you can reach up with both your arms without difficulty.

Can you lift at least one of your arms high enough to put something in the top pocket of a coat or jacket while you are wearing it?

Can you lift one of your arms above your head?

Now go to **question 4** on the next page.

- No
 Yes
 It varies

- No
 Yes
 It varies

Actual TEST for 3: Reaching:

Cannot raise either arm -(i.e. has to apply to both arms):

- a. as if to put something into to pocket of coat/jacket **15***
- b. to top of head as if to put on hat **9**
- c. above head height as if to reach for something **6**

Use this space to tell us more. Tell us why you might not be able to reach up, and whether it affects both arms. If it varies, tell us how.

This activity looks at both arms and points can only be scored if you cannot do the descriptors with BOTH arms. If one arm is better than the other, think about and describe doing the descriptors with your better arm.

Avoid 'it varies'! Think about 'most of the time'. If you cannot put on a hat with either hand say this here - it is in the test but not on the form.

Remember 'cannot' does not mean you couldn't do it if your life depended on - it means it would cause you undue pain or discomfort, or maybe you could do it without too much problem once but could not do it again without a long break first, or that you **usually** cannot do it.

Give examples if you can, to explain why you have difficulty raising your arms; again you must be able to do it safely, reliably and repeatedly. E.g. 'due to the lymphoedema following treatment for breast cancer I have been told not to reach above my head for anything'.

Explain if reaching causes you shoulder or elbow pain.

Part 1: Physical capabilities continued

4. Picking up and moving things

Please tick this box if you can pick things up and move them without difficulty.

Now go to question 5

Picking up things using your upper body and either arm

Can you pick up and move a half-litre (one pint) carton full of liquid?

- No
 Yes
 It varies

Can you pick up and move a litre (two pint) carton full of liquid?

- No
 Yes
 It varies

Can you pick up and move a large, light object like an empty cardboard box?

For example, from one surface to another at waist height.

Use this space to tell us more about picking things up and moving them. Tell us why you might not be able to pick things up. If it varies, tell us how.

- No
 Yes
 It varies

Actual TEST for 4: Picking up and moving or transferring by use of the upper body and arms

Cannot:

- a. Pick up and move a 0.5 litre carton full of liquid **15***
- b. Pick up and move a 1 litre carton full of liquid **9**
- c. Transfer light but bulky object such as an empty cardboard box **6**

This activity does not consider whether you can bend over and pick something up off the floor or walk off carrying the object—it is only looking at whether you can pick it up and move it—think moving it across the table. You do not need to be standing.

If you only have the use of one arm you will have to explain how you cannot use your other arm to do this either. The test expects claimants to use their upper body as well as their arms - for example, holding an empty box against your side with one arm. If there is a reason why this could not be done reliably (you may drop it) and repeatedly (because it is tiring or painful) say so HERE. Include details of how lack of co-ordination, limited movement, pain, tremors etc affect your ability to pick up and move these things.

Picking up and moving an empty cardboard box involves the co-ordination of both arms, so explain any problems which affect this. It involves the use of both hands, arms and shoulders so people who have problems on just one side, such as weakness on one side following a stroke, will normally have difficulty. Explain this. Any problems with hands, fingers, shoulders, neck are all relevant here - explain how they affect your ability. You must be able to do the activity safely, reliably and repeatedly with undue pain, so if moving your torso causes pain in your neck etc this is relevant.

5. Manual dexterity (using your hands)

Please tick this box if you can use your hands without any difficulty.

Now go to question 6

Can you use either hand to:

- press a button, such as a telephone keypad
- turn the pages of a book
- pick up a £1 coin
- use a pen or pencil
- use a suitable keyboard or mouse?

- Some of these things.
 None of these things.
 It varies.

Use this space to tell us more. Tell us which of these things you have problems with and why. If it varies, tell us how.

Actual TEST for 5: Manual Dexterity:

Cannot:

- a. Press a button— e.g. on a phone keypad or turn the pages of a book with either hand **15***
- b. pick up £1 coin or equivalent with either hand **15**
- c. use a pen or pencil to make a meaningful mark with either hand **9**
- d. single-handedly use a suitable keyboard or mouse **6**

If you answer 'some of them', explain which ones.

If you cannot pick up a £1 coin or similar object with either hand, make this clear. It is important to make it clear that you have problems with both hands—the descriptors do NOT apply if you can manage with one hand but not the other, problems with just one hand will not score any points.

If your ability to do this varies, decide whether you can or cannot MOST OF THE TIME. If most of the time you can't, then you should say that you can't. Do not tick 'It varies' if this is the case.

Pain and stiffness is relevant - mention it if it applies to you. Think about whether you could continue to do any of the actions throughout the day. Being able to do it once or twice or only being able to do it sometimes means you can't do it reliably. If you can do it a couple of times but you are then in pain for a long time afterwards and couldn't attempt to do it again, write this on the form.

A meaningful mark is not the same as writing or even signing you name—think a tick or a cross.

A suitable keyboard or mouse means using an adapted keyboard or mouse with one hand.

Part 1: Physical capabilities continued

6. Communicating – speaking, writing and typing

By *communicating*, we don't mean communicating in another language.

This section asks about how you can communicate with other people.

Please tick this box if you can communicate with other people without any difficulty.

Now go to **question 7** below

Can you communicate a simple message to other people such as the presence of something dangerous?

This can be by speaking, writing, typing or any other means, but without the help of another person.

- No
 Yes
 It varies

Use this space to tell us more about how you communicate and why you might not be able to communicate with other people. For example, difficulties with speech, writing or typing. If it varies, tell us how.

Could you let another person know *reliably* if there was a hazard, or not? Think about other examples too, like telling someone that a) somebody rang to speak to them, b) how much something costs, c) where the toilets are. Can you ask someone for something you need from them? Think about *speech, writing or typing*—all three, do you have the ability to pass on the message and someone else must be able to understand it. Just having speech problems is not enough, are you also physically unable to write the message. This activity looks at a combination of speech and limb/hand problems eg after a stroke. This isn't about language barriers- you won't pass the test just because you can't understand English. Communication is no good if it you can only manage it sometimes! **REMEMBER** this is a physical health descriptor, there is no point explaining here your problems communicating due to mental health or learning difficulties (but don't forget to explain these problems under the mental health questions), however brain damage is physical as well as cognitive so will be relevant here.

Actual TEST for 6: Making self understood through speaking, writing, typing or other means normally or could be reasonably used, unaided by another person:

- a. Cannot convey a simple message - e.g. the presence of a hazard **15***
b. Has significant difficulty conveying a simple message to strangers **9**
c. Has some difficulty conveying a simple message to strangers **6**

7. Communicating – hearing and reading

This section asks about how you can understand other people.

Please tick this box if you can understand other people without any difficulty.

Now go to **question 8** on the next page

Can you understand simple messages from other people by hearing or lip reading without the help of another person?

A simple message means things like someone telling you the location of a fire escape.

- No
 Yes
 It varies

Give us more information in the box below

Can you understand simple messages from other people by reading large size print or using Braille?

- No
 Yes
 It varies

Give us more information in the box below

If you need to communicate in another way or use aids, such as a hearing aid, tell us about this here.

This is about understanding a simple message through the written or spoken word looking at problems with hearing and seeing. If you have partial sight **or** hearing, explain any problems you may have understanding fully. This is about *your ability*, while using your *usual* or any reasonable aids. If your aids cause a problem e.g. ear infections, pain, headaches or have limited use, then explain. If something doesn't seem like a huge problem and you 'manage', still include it—this could count as some difficulty. Give examples of times when you have misunderstood something written down or said, and any problem this has caused for you.

Lip reading is one thing with familiar people—but can you manage it reliably with people you do not know.

If you can see a written message but not hear it/lip read or visa versa this should still count—you **don't have to have problems with both to score points.**

Your difficulty has to be due to a **SENSORY IMPAIRMENT** problems understanding other due to mental health problems or learning difficulties do not count under this activity, explain these problems under the mental health questions.

This is 16 point text and a simple message.

Therefore if this causes you difficulty and you do not understand Braille, explain it on the form. The ESA50 is available in large print or Braille, if you need the form this way - ask the DWP.

Actual TEST for 7: Understanding Communication - verbal (e.g. hearing/ lip reading) alone, non verbal - (e.g. reading 16pt print, braille) alone or a combination of the 2 unaided by another person, but with any aids, normally used, or that could be reasonably, used:

- a. Cannot understand a simple message - due to sensory impairment - such as location of a fire escape **15***
b. Has significant difficulty understanding a simple message from a stranger due to sensory impairment **15**
c. as b) but some difficulty **6**

Part 1: Physical capabilities continued

8. Getting around safely

This section asks about problems with your vision. If you normally use glasses or contact lenses, a guide dog or any other aid, tell us how you manage when you are using them. Please also tell us how well you see in daylight or bright electric light.

Please tick this box if you can get around safely on your own.

Now go to **question 9** below.

Can you see to cross the road on your own?

No
 Yes
 It varies

Can you get around a place that you haven't been to before without help?

No
 Yes
 It varies

Use this space to tell us more about your eyesight and any problems you have finding your way around safely.

Do you need another person with you to be safe outside because of a sight or a hearing problem? The legal test does not include vision only so if your hearing problem problems mean you meet the descriptors this legally counts and so explain this here. (For mental health problems only, there are different questions later.)

Explain problems in *familiar* places if you have them, as well as in *unfamiliar* places where you do not know what to expect or what might be in the way.

Do you have problems crossing roads, e.g. due to a lack of peripheral vision, or problems judging distances? Give examples of difficult or dangerous things that have happened when out and about—explain any near misses. Not all roads have safe crossings, so explain this and how it causes problems in both familiar and unfamiliar places. If you cannot see well enough to find your way somewhere unfamiliar can you really see well enough to safely cross the road? Explain why having another person makes it possible (or less risky) for you to be outside - describe what they do that makes you safer while out and about.

Actual TEST for 8: Navigation and maintaining safety, using a guide dog or other aid normally used, or that could be reasonably used:

Cannot - due to sensory impairment - without being accompanied by another:

- a. *Navigate around familiar surroundings* **15**
- b. *Safely complete a potentially hazardous task such as crossing a road* **15**
- c. *Navigate around unfamiliar surroundings* **9**

9. Controlling your bowels and bladder and using a collecting device

Please tick this box if you can control your bowels and bladder without any difficulty.

Now go to **question 10** on the next page.

Do you have to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device?

No
 Yes - weekly
 Yes - monthly
 Yes - less than monthly
 Yes - but only if I cannot reach a toilet quickly

Collecting devices include stoma bags and catheters.

Use this space to tell us more about controlling your bowels and bladder or managing your collecting device.

Tell us if you experience problems if you cannot reach a toilet quickly.

Tell us how often you need to wash or change your clothes because of difficulty controlling your bladder, bowels or collecting device?

If the problem is variable—tick the box that is most accurate for the majority of the time. Do not end up not correctly in the support group because occasionally it does not happen every week but most of the time it is weekly. If it is less than monthly, are you still at risk of not getting there on time the majority of the time. Do not play the problem down due to embarrassment.

This is a very personal question, but it is important to go into detail. If it is 'less often' say how often roughly. If you are at risk of losing control if you are not able to reach the toilet quickly enough, make this clear. Say if there is no way of knowing when this will happen and remember that you are talking about your bowel AND/OR bladder. By including 'whilst conscious' in the wording of the test it does not apply to losing control during an epileptic fit or whilst unconscious for other reasons. Mobility problems may make you unable to reach the toilet quickly enough, but this needs to be linked to an element of control issues.

Do not worry about whether you have had extensive evacuation/voiding, the test is that it is sufficient enough to require cleaning and a change of clothes—if you need to do this then it was extensive. If you are unable to use pads or they do not provide sufficient protection explain that here. Decision makers can decide that if you don't use pads it is not really a problem, so explain why you are unable to eg causing soreness.

Actual TEST for 9: Absence or loss of control whilst conscious leading to extensive evacuation of the bowel or bladder, - other than enuresis - despite wearing/use of aids/ adaptations normally or that could reasonably be used:

- a. *At least once a month (* if weekly, Support Component) experiences:*
 - i. *Loss of control leading to extensive evacuation of the bowel/ voiding of bladder; or*
 - ii. *substantial leakage from collecting device sufficient to require cleaning & change of clothes* **15**
- b. *The majority of the time is at risk of loss of control leading to extensive evacuation of the bowel/ voiding of bladder, sufficient to require cleaning & change of clothes, if cannot reach a toilet quickly* **6**

Actual TEST for 10: Consciousness during waking moments:

Has an involuntary episode of lost/ altered consciousness resulting in significantly disrupted awareness or concentration:

- a. At least once a week **15**
- b. At least once a month **6**

Part 1: Physical capabilities continued

10. Staying conscious when awake

By *problems staying conscious* we do not mean falling asleep just because you are tired.

Please tick this box if you do not have any problems staying conscious while awake.

Now go to **question 11**

While you are awake, how often do you faint or have fits or blackouts?

This includes epileptic seizures such as fits, partial or focal seizures, absences and diabetic hypos.

- Daily
- Weekly
- Monthly
- Less than monthly

Use this space to tell us more.

Remember legally it is not just faints, fits or black-outs—altered consciousness not just lost consciousness is part of the legal test. If you are diabetic and your sugars are too high or low you may still be conscious but unsafe due to confusion or reduced awareness. 'Absences' count, too. You may not have a full fit - your eyes may be open and it may only last for a few seconds, but if it affects your concentration enough for it to cause you a problem, explain this. If you have had any accidents or near-misses because of this, you should detail what they are. For example, if you've been outside and had a fit or an absence, have you been unable to concentrate on traffic? Have you been cooking when this has happened? Explain how disorientated you feel and how long it takes to recover afterwards as this will continue to disrupt awareness and concentration even after you have regained consciousness. Remember having enough warning to sit down in your own house does not mean the episode has not caused significantly disrupted awareness or left you unable to function while you recover. Ask your family and friends if they have noticed absences that you are not aware of. This activity is part of the physical test and therefore altered awareness due to non physical reasons eg panic attacks will not count.

You have now completed the section about your physical problems. In Part 2 below please tell us about any mental health, cognitive or intellectual problems. By *cognitive* we mean problems you may have with thinking, learning, understanding or remembering things.

Part 2: Mental, cognitive and intellectual capabilities

In this part we ask how your mental health, cognitive or intellectual problems affect how you can do things on a daily basis. By this we mean problems you may have from mental illnesses like schizophrenia, depression and anxiety, or conditions like autism, learning difficulties, the effects of head injuries and brain or neurological conditions.

To answer Yes to any of the following questions, you must be able to do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time.

If you have difficulties completing this section, please refer to the guidance on **page 1**. You can ask a friend, a relative or a representative to help you. Or get in touch with Jobcentre Plus on **0345 608 8545**.

If you would like any additional information to be considered, for example from your doctor, Community Psychiatric Nurse, occupational therapist, counsellor, psychotherapist, cognitive therapist, social worker, support worker or carer please send it with this form. This includes information that tells us how your health condition, illness or disability affects your ability to do things on a daily basis and information about how this affects you when you are most unwell.

11. Learning how to do tasks

Please tick this box if you can learn to do everyday tasks without difficulty.

Now go to **question 12** on the next page.

Can you learn how to do an everyday task such as setting an alarm clock?

- No
- Yes
- It varies

Actual TEST for 11: Learning Tasks:

Cannot:

- a. Learn how to do a simple task, such as setting an alarm clock **15***
- b. Learn anything beyond a simple task such as setting an alarm clock **9**
- c. Learn anything beyond a moderately complex task, such as steps involved in operating a washing machine to clean clothes **6**

Can you learn how to do a more complicated task such as using a washing machine?

- No
- Yes
- It varies

Part 2: Mental, cognitive and

Use this space to tell us about any difficulties you have learning to do tasks, and why you find it difficult. If your ability to do tasks varies, tell us how.

If you need more space you can use the box on **page 17**.

The *Medical Services Handbook (MSH)* says this may be relevant to conditions such as learning difficulties or brain disorders such as brain injury or stroke, but also consider any mental/cognitive condition that affects the ability to learn, concentrate and remember. Depression can cause problems with memory and concentration, so learning how to do a new task, e.g. working a new mobile, becomes difficult.

What is meant by 'BEYOND a moderately complex task'? The *MSH* says a simple task involves 1 or 2 steps and a moderately complex task involves 3 or 4 steps – this is only a guide. Use examples. What have you struggled to take in and learn to do? If you have learned how to do something one day but are unable to remember how to do it the next day, you have NOT learned how to do the task.

The length of time it takes to learn a NEW task is also important, you should be able to learn how to do something in a *reasonable* length of time, not *eventually*, after intensive input.

12. Awareness of hazards or danger

Please tick this box if you can stay safe when doing everyday tasks such as boiling water or using sharp objects.

Now go to **question 14**

Do you need supervision (someone to stay with you) for most of the time to stay safe?

- No
 Yes
 It varies

Use this space to tell us how you cope with danger. Please give us examples of problems you have with doing things safely.

Give details of anything that causes reduced awareness or puts you at any risk, including leaving the oven on due to lapses in concentration. This could be caused by learning difficulties, conditions affecting concentration, brain damage, neurological conditions that affect awareness eg dementia. It could also include people with severe depression and psychotic disorders that reduce attention and concentration—or other things. If it varies explain why e.g. when in manic phase of manic depression you have no concept of risk. (The *Medical Services Handbook* states that '**the majority of the time**' means needing daily supervision, and '**frequently**' means several times a week – **this is guidance only and has no basis in law**).

Actual TEST for 12: Awareness of hazards (such as boiling water or sharp objects)

Reduced awareness of everyday hazards leads to a significant risk of (i) injury to self or others, or (ii) damage to property or possessions, requiring supervision to maintain safety:

- a. for the majority of the time **15***
 b. frequently **9**
 c. occasionally **6**

13. Starting and finishing tasks

This section asks about whether you can manage to start and complete daily routines and tasks like getting up, washing and dressing, cooking a meal or going shopping.

Please tick this box if you can manage to do daily tasks without difficulty.

Now go to **question 14**

Can you manage to plan, start and finish daily tasks?

- Never
 Sometimes
 It varies

Use this space to tell us what difficulties you have doing your daily routines. For example, remembering to do things, planning and organising how to do them, and concentrating to finish them.

Tell us what might make it difficult for you and how often you need other people to help you.

Actual TEST for 13: Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks)

Cannot - due to impaired mental function reliably initiate or complete at least 2 sequential personal actions

- a. always **15***
 b. most of the time **9**
 c. frequently **6**

This is both starting and successfully completing at least 2 tasks in a row, in a logical order, such as planning and cooking a meal, getting ready for work in the morning—without be prompted by someone else. If you can only do things with encouragement, then the answer is 'never' - use the box to explain about the encouragement you need.

The *Medical Services Handbook* says this applies to people with conditions such as psychosis, Obsessive Compulsive Disorder (OCD), autism, learning disability, very severe depression causing apathy or abnormal levels of fatigue. Remember this is guidance only and if it affects you in any way, write it down. Even 'mild' depression can result in you being unable to get started on anything without encouragement, so should be included.

If you suffer from OCD and would not be able to finish a task in a reasonable time, you should not be considered to have successfully finished. Explain what rituals you have to do and how long everything takes.

Caselaw has now stated that activities that are automatic such as automatically getting dressed is not sufficient as it does not involve the legal test of action involving planning, organisation, problem solving, prioritising or switching tasks. Give examples of activities you cannot start and finish that actually reflect the test.

Part 2: Mental, cognitive and intellectual capabilities

14. Coping with changes

Please tick this box if you can cope with changes to your daily routine.

Can you cope with small changes to your routine if you know about them before they happen?

For example, things like having a meal earlier or later than usual, or an appointment time being changed.

Can you cope with small changes to your routine if they are unexpected?

This means things like your bus or train not running on time, or a friend or carer coming to your house earlier or later than planned.

Use this space to tell us more about how you cope with change. Explain your problems, and give examples if you can. If it varies, tell us how.

Now go to **question 15** below

- No
 Yes
 It varies

- No
 Yes
 It varies

This is not about disliking change, but the inability to cope with it, resulting in, for example, not being able to do anything for the rest of the day, anxiety / panic attack, angry outbursts, etc.

Explain how you have coped when your support worker has had to change the time of an appointment or the bus didn't come. If you cannot cope with change *most of the time* tick **NO** rather than **It varies** and then explain. Not being able to cope with any change does not mean **NEVER** - caselaw has confirmed it means for the majority of the time cannot cope with change whether planned or unplanned.

The Medical Services Handbook says this would probably not apply to anyone who has managed to attend their medical alone, so if you do feel the need to take someone with you, make sure the assessor is made aware of the reasons they have come with you.

Actual TEST for 14: Coping with change

Cannot:

- a. Cope with any change to the extent that day-to-day life cannot be managed **15***
- b. Cope with minor planned change - such as pre-arranged change to routine time scheduled for lunch break to the extent that day to day life is made significantly more difficult **9**
- c. Cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur) to the extent that day to day life is made significantly more difficult **6**

15. Going out

This question is about your ability to cope *mentally or emotionally* with going out. If you have *physical* problems which mean you can't go out, you should tell us about this in **Part 1** of this form.

Please tick this box if you can go out on your own.

Can you leave home and go out to places you know?

Can you leave home and go to places you don't know?

Use this space to tell us why you cannot always get to places. Tell us whether you need someone to go with you. Explain your problems, and give examples if you can. If it varies, tell us how.

Now go to **question 16** on the next page

- No
 Yes, if someone goes with me
 It varies

- No
 Yes, if someone goes with me
 It varies

Actual TEST for 15: Getting About

- a. Cannot get to any place outside the claimant's home with which the claimant is familiar **15**
- b. Cannot get to a specified place with which the claimant is familiar without being accompanied **9**
- c. Cannot get to a specified place with which the claimant is unfamiliar without being accompanied **6**

The *Medical Services Handbook* lists disorientation, agoraphobia and learning difficulties as relevant here, and says evidence of severe anxiety (not lesser degrees of anxiety) is needed. However, lesser degrees of general anxiety could result in not being able to cope going to an unfamiliar place, so explain how you are affected and what symptoms of anxiety or panic you experience.

Consider safety issues and disorientation. For example if you experience panic attacks, do you run across roads to get away? Do you become disorientated and need help to get where you were going? If memory problems mean you get lost in either familiar or unfamiliar places, explain this. At the medical, make sure the healthcare professional is aware that you did not make it to the appointment on your own, or they will consider that you don't have a problem in this area.

Actual TEST for 16: Coping with social engagement due to cognitive impairment or mental disorder

- a. Engagement in social contact is always precluded due to difficulty relating to others/ significant distress **15***
- b. As above, social contact with someone unfamiliar, always precluded **9**
- c. As above, social contact with someone unfamiliar, majority of the time **6**

Part 2: Mental, cognitive and intellectual capabilities continued

16. Coping with social situations

By social situations we mean things like meeting new people

Please tick this box if you can cope with social situations without feeling too anxious or scared.

Now go to question 18

Can you meet people you know without feeling too anxious or scared?

- No
- Yes
- It varies

Can you meet people you don't know without feeling too anxious or scared?

- No
- Yes
- It varies

Use this space to tell us why you find it distressing to meet other people and what makes it difficult. Tell us how often you feel like this. Explain your problems, and give examples if you can. If it varies, tell us how.

The MSH says this may apply to people with severe anxiety, autism, psychosis or learning disabilities, with higher levels of anxiety than 'fleeting moments of anxiety such as any person might experience from time to time'. The guidance wrongly suggests that being able to attend the medical alone and not showing signs of anxiety at the medical means this descriptor should not be met—this is a snapshot view of what could be a good day and distress is not always visible - **remember** you have a right to be accompanied and you should not make yourself ill by trying to attend medicals alone—**cancel and rearrange** if you need someone to go with you. If you have struggled to get there alone the assessor needs to know about the problems you had and how it affected you. **Do not** fail to attend or your benefit will stop—make sure to contact medical services to cancel.

If you are a support worker, describe how your client reacted when they first met you, whether they have not been able to attend or cope at any events you have arranged, how socially isolated they are, how anxiety affects them etc.

Some people e.g. those with autistic spectrum conditions will find more difficulty with relating to others rather than with anxiety, so explain the problems fully.

Caselaw has confirmed that for the 15 point support group descriptor—engaging with both familiar and unfamiliar people that 'always' means unable to engage for the majority of the time, due to the law on when support group descriptors should apply and provide sufficient protection against being wrongly placed in WRAC because on one occasion you coped.

17. Behaving appropriately

This section asks about whether your behaviour upsets other people. By this we do not mean minor arguments between couples.

Please tick this box if your behaviour does not upset other people.

Now go to **question 18**

How often do you behave in a way which upsets other people?

For example, this might be because your health condition, illness or disability results in you behaving aggressively or acting in an unusual way.

- Every day
- Frequently
- Occasionally

Use this space to tell us or provide examples of how your behaviour upsets other people and how often this happens. Explain your problems, and give examples if you can. If it varies, tell us how.

The MSH says this section is for people with psychotic illnesses, brain damage, autistic spectrum disorders. This list is not exhaustive. Disinhibited behaviour can occur in conditions such as manic depression/ bi-polar disorder or schizophrenia. If usually controlled by medication, how often does forgotten or overlooked medication cause an episode?

No definition is given for how often 'frequently' is compared to 'occasionally' and as yet there is no caselaw to provide any answer to this – use your judgement. Caselaw has decided that daily means more than the majority of the time but not literally every day and it is the workplace environment.

Describe instances of physical or verbal aggression, any behaviour viewed by others as strange, and how your behaviour can affect other people. Behaviour that may be acceptable at home or in a Daycentre may **not** be acceptable in a workplace. Answer in relation to a work environment

Actual TEST for 17: Appropriateness of behaviour with other people due to cognitive impairment or mental disorder

- Has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace:
 - a. Daily **15***
 - b. Frequently **15**
 - c. Occasionally **9**

Eating and drinking are support group descriptors and NOT part of the limited capability for work test and apply to either physical or mental health or both.

Part 3: Eating and drinking

18. Eating and drinking

Can you get food and drink to your mouth without help or being prompted by another person?

- No
 Yes
 It varies

Can you chew and swallow food and drink without help or being prompted by another person?

- No
 Yes
 It varies

Actual TEST for Conveying food or drink to the mouth

- a. Cannot convey food or drink to mouth without physical assistance
- b. Cannot convey food or drink to mouth without repeatedly stopping or experiencing breathlessness or severe discomfort
- c. Cannot convey food or drink to mouth without receiving regular prompting by someone in your presence
- d. Owing to a severe disorder of mood or behaviour fails to convey food or drink to mouth without receiving: i. physical assistance; or ii. regular prompting by someone in your presence

Actual TEST for Chewing or swallowing food or drink

- a. Cannot chew or swallow food or drink
- b. Cannot chew or swallow food or drink without repeatedly stopping or experiencing breathlessness or severe discomfort
- c. Cannot chew or swallow food or drink without repeatedly receiving regular prompting by someone in your presence
- d. Owing to a severe disorder of mood or behaviour fails to: i. chew or swallow food; or ii. chew or swallow food or drink without regular prompting by someone in your presence

If you are awarded either of these supported group descriptors but do not score enough points on the limited capability for work test—you will be treated as having limited capability for work and entitled to ESA. The descriptors apply to a range of physical problems including the use of limbs to get food to your mouth, throat and stomach problems, severe breathing problems etc. For mental health problems it could include both eating disorders and conditions such as psychosis, anxiety about swallowing, severe apathy—any problems that mean you need prompting to eat or drink for the majority of the time. It is not that you cannot eat or drink at all, but whether you have problems for the majority of the time.

Face-to-face assessment

You may be asked to attend a face-to-face assessment with a qualified Healthcare Professional who works for our Assessment Provider. If we need you to do this, the Health Assessment Advisory Service will telephone you between 9.00am and 8.30pm on Monday to Friday, or 9.00am and 5.00pm on Saturday to arrange a suitable date and time for your appointment. They will send you a letter with details of the appointment and a leaflet that explains what happens at an assessment and who you can take with you. Please give us at least one telephone number below that they can call you on.

If you want more information about the face-to-face assessment, visit www.gov.uk/employment-support-allowance

Daytime phone number

Code Number

Mobile phone number

Any other number including Textphone number

Code Number

If you do not understand English or Welsh, or cannot talk easily in these languages, do you need an interpreter?

- No
 Yes What language do you want to use?

You can bring your own interpreter to the assessment, but they must be over 16.

Tick this box if you will bring your own interpreter.

Would you like your telephone call in Welsh?

- No
 Yes

Would you like your face-to-face assessment in Welsh?

- No
 Yes

! No-one has to give out their number. It is important *not to* if you have difficulty coping on the phone or will have any difficulty remembering what is said.

It is ok to say 'in writing please'

If you have problems going out or coping with social situations, and prefer not to go out alone, you can take someone with you; if no one is available to go with you, you should **inform the Health Assessment Advisory Service (Maximus)** that you have to cancel the appointment. This is better than making yourself ill by going alone especially as the decision maker may not be aware of the difficulties you had getting there or how it affected your health. **Your benefit will stop if you don't turn up for the medical. You must always notify them if you need to cancel and re-arrange another appointment.**

Face-to-face assessment continued

Tell us about any times or dates in the next 3 months when you cannot go to a face-to-face assessment.

For example, because of a hospital appointment.

If there are problems attending a medical at Grove House, Alexandra Road, say why. "I need my support worker/someone else with me due to mental health problems /anxiety/learning disability/problems using transport alone/ I cannot attend because I am housebound". Give details, eg - agoraphobia/mobility problems.

Also include unavailable dates for anyone attending WITH the client.

Claimants with problems going out have a right to wait until someone can come with them rather than face the distress of trying to struggle there by themselves.

Tell us about any help you would need if you have to go for a face-to-face assessment.

Tell us if

- you cannot get up and down stairs
- have difficulty travelling or using public transport
- you need a British Sign Language or Makaton signer, speech to text software or a deaf/blind manual.

Tell us about any other help you might need.

It is ok to say: "X does not/cannot deal with correspondence due to mental health problems/learning difficulties/ etc (give details). Please contact Z instead." Give contact details.

Make sure a contact is given. Non attendance at medicals 'without good cause' leads to 'fit for work decision' and ESA stops. This decision can be challenged - mandatory reconsideration followed by appeal - write to say you are asking for the decision to be looked at again because there was 'good cause' for non-attendance. ESA is NOT paid pending appeal in these cases. Client will USUALLY need to claim JSA and be actively seeking and available for work but there may be other options: get advice.

Other information

If you need more space to answer any of the questions, please use the space below. If any of your carers, friends or relatives want to add any information, they can do it here. This may be because they know the effects your health conditions, illnesses or disabilities have on how you can do things on a daily basis.

We might contact these people for more information to support your claim.

The descriptors marked with a * plus the eating and drinking descriptors are the descriptors for having limited capability for work related activity. You only need to be awarded one of these descriptors to be found to have BOTH limited capability for work (expect eating and drinking they are all 15 point descriptors) and limited capability for work related activity and placed in the support component of ESA. The support group is important, not just because the support component is paid at a higher level and entitles you to an additional premium in income-related ESA, but because in the support group you are not limited to only being paid contribution based ESA for a year and you do not have to participate in work focused interviews or work related activity and cannot be sanctioned for being unable to participate. If having to attempt work related activity—going to interviews with a work coach at the jobcentre, attending CV writing courses, basic skills courses, telephone support, attend expert patients programme etc, what is available locally will vary. If you believe that this type of activity would be damaging to your mental health, cause a relapse into substance misuse, be physically damaging to your health—explain this here in details and include examples of what has happened before and the affect it had on your health if possible.

If you are found fit for work or placed in the Work Related Activity Component when you believe would should be in the support group—you are entitled to request a mandatory reconsideration from the DWP and if not successful you can request an independent appeal. You have a month time limit from the decision date to request a mandatory reconsideration and a month after this decision to lodge an appeal. However if you miss these deadlines and it has not been 13 months since the decision, you can request a late mandatory reconsideration/appeal if you explain your reasons for being late—late requests are usually accepted, but the later it is the more serious the reasons for being late need to be. If you need to challenge an ESA decision - **GET INDEPENDENT ADVICE.**

Declaration

You may find it helpful to make a photocopy of your reply for future reference.

- **I declare** that I have read and understand the notes at the front of this form, the information I have given on this form is correct and complete.
- **I understand** that I must report all changes in my circumstances which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty. I will phone **0345 608 8545**, or write to the office that pays my benefit, to report any change in my circumstances.
- **If I give false** or incomplete information or fail to report changes in my circumstances promptly, I understand that my Employment and Support Allowance may be stopped or reduced and any overpayment may be recovered. In addition, I may be prosecuted or face a financial penalty.
- **I agree** that
 - the Department for Work and Pensions
 - any Healthcare Professional advising the Department
 - any organisation with which the Department has a contract for the provision of assessment services
- **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
 - the benefit I am claiming
 - any other benefit I have claimed
 - any other benefit I may claim in the future.
- **I agree** to my doctor or any doctor treating me, being informed about the Secretary of State's determination on
 - limited capability for work
 - limited capability for work-related activity, or
 - both.

may ask any of the people or organisations I have mentioned on this form for any information which is needed to deal with

- this claim for benefit
- any request for this claim to be looked at again and that the information may be given to that Healthcare Professional or organisation or to the Department or any other government body as permitted by law.

You must sign this form yourself if you can, even if someone else has filled it in for you.

Signature

Date

For people filling in this form for someone else

If you are filling in this form on behalf of someone else, please tell us some details about yourself.

Your name

Your address including postcode

Daytime phone number

Code

Number

Explain why you are filling in the form for someone else, which organisation, if any, you represent, or your connection to the person the form is about.

It is important to explain if you are not capable of completing the form yourself and why you needed help. A standard entry on medical report following the medical is 'completed esa50 without difficulty'. This can give the wrong impression of your health problems.

What to do next

Please make sure that

- you have answered all the questions on this form that apply to you
- you have signed and dated it
- you return the form by the date we told you in the letter we sent you. Use the envelope we sent you with this form. It doesn't need a stamp
- you have provided any additional evidence or information that you feel will help us to understand how your health condition, illness or disability affects how you can do things on a daily basis.

Tick this box if you are including any information such as medical reports

Would you like us to tell anyone else about this assessment?

For example, support worker, social worker, friends or family.

Let us know who this is, their phone number and explain why you would like the Health Assessment Advisory Service to contact them instead of you.

Explain if someone else should be contacted to arrange a medical for you. Put, "Please ring x instead" then explain why, e.g. "because I don't answer the phone to someone I don't know," or, "as because of memory loss I would not remember the appointment date" etc. Make sure you include their phone number.

How the Department for Work and Pensions collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, visit our website at www.gov.uk/dwp/personal-information-charter or contact any of our offices.

What happens next

Please return your completed form to the Health Assessment Advisory Service in the envelope enclosed. The Health Assessment Advisory Service may contact you to arrange a suitable face-to-face appointment for you with a healthcare professional.

Cancer treatment – for completion by a healthcare professional which may include a GP, hospital doctor or clinical nurse who is aware of your condition.

The information you provide on this page is important as it will help us make a rapid decision about your patient's Employment and Support Allowance claim.

This page concerns patients who are having, waiting for or recovering from chemotherapy or radiotherapy.

Please complete the rest of this page. If you want more information about Employment and Support Allowance, go to www.gov.uk/employment-support-allowance

Details of cancer diagnosis

Include

- type and site
- stage
- any related diagnoses.

Remember if you have ticked yes to having cancer treatment on page 4 that you need to ask your doctor or nurse to complete this.

Details of treatment

Include

- regime
- expected duration.

Is your patient:

(Please tick as appropriate.)

awaiting or undergoing chemotherapy or radiotherapy?

recovering (post completion of treatment) from chemotherapy or radiotherapy?

In your opinion, is it likely that the impact of the treatment has or will have work-limiting side effects?

No

Yes In your opinion, are these side effects likely to limit all work?

No

Yes

In your opinion, how long would you expect these side effects to last?

Your details:

Name

Job title and qualifications

Signature

Surgery stamp, hospital stamp or address details:

Date